

# C-IRO Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Sep/22/2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Tizanidine HCL 4mg, Meloxicam 7.5 mg, Tramadol 50mg, Zolpidem Tartrate 5mg, Gabopentin 300mg.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** DO, Board Certified Orthopedic Surgery

**REVIEW OUTCOME:** Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** it is the opinion of this reviewer that the request for Tizanidine HCL 4mg, Meloxicam 7.5 mg, Tramadol 50mg, Zolpidem Tartrate 5mg, Gabopentin 300mg is not medically necessary

**PATIENT CLINICAL HISTORY [SUMMARY]:** Patient is a xxxx individual. On, the employer's first report or injury or illness was submitted noting the patient was injured after a xxxx. The nature of injury was described as a strain to the back. On 02/11/12, a correspondence with clinical summary was submitted. It was noted the patient complained of neck pain, low back pain, and thoracic pain. On exam, straight leg raise was positive and there appeared to be weakness of the quadriceps in extension, gastrocs and hamstrings all rated at 3/5. On 04/20/12, a lumbar spine MRI revealed disc space narrowing at L5-S1 with remaining discs in all vertebral body heights adequately maintained. Type 2 changes were seen in the bone marrow adjacent to the L5-S1 disc space and there were dehydration changes of the L5-S1 disc. On 04/20/12, an MRI of the cervical spine revealed type 2 changes in the bone marrow adjacent to C7-T1 and there was no overall spinal stenosis seen at any level and the cord was unremarkable. On 06/12/12, the patient was given therapeutic exercises. On 10/12/12, the report noted this patient was placed on maximum medical improvement and was given a 10% impairment rating and released to return to work full duty. On 02/28/13, the patient returned to clinic. It was noted the patient had neck pain with radiculopathy and decreased range of motion but had improved. On 05/11/15, a request for physical therapy to the lower extremity was submitted noting the patient had presented to the clinic with complaints of re-aggravation of his lower extremity symptoms. It was noted he had pain with radicular symptoms as well. Upon exam, neurological examination demonstrated strength bilaterally at 4/5. On 05/26/15, a statement of pharmacy services was submitted for Meloxicam 7.5mg, 30 days' supply, quantity of 60, Tramadol HCL 50mg, quantity of 90 for a 30 days' supply, Gabapentin 300mg, quantity of 90 for a 30 days' supply, and Zolpidem 5mg, quantity of 45 for a 23 day supply and Tizanidine HCL, 4 mg, quantity of 90 for a 30 day supply.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** On 07/14/15, a peer review was

submitted and it was noted that the medications prescribed by were not reasonable or medically necessary. It was noted that any further treatment for the current symptoms were not related to the 02/04/12 work event.

The submitted records indicate the patient evidently xxxx and strained his back. He was given a significant amount of chiropractic treatment and injection therapy. He was placed at maximum medical improvement and given a 10% impairment rating as of 10/12/12. He subsequently returned to chiropractic care until 02/28/13 and then there is a significant gap until he was seen on 05/11/15. The statement of pharmacy services was submitted by and there were no progress notes submitted from to indicate the medical rationale. Therefore with the patient sustaining only a lumbar sprain, and with no clinical notes to document the medical necessity of the request, it is the opinion of this reviewer that the request for Tizanidine HCL 4mg, Meloxicam 7.5 mg, Tramadol 50mg, Zolpidem Tartrate 5mg, Gabopentin 300mg is not medically necessary and the prior denial is upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)